# Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 1 of 60 United States Bankruptcy Court District of Puerto Rico

IN RE:		Case No.
ORTIZ MEDINA, WILLIAM & SEPUL	/EDA, SARA RACHEL	Chapter 13
	Debtor(s)	
	VERIFICATION OF CREDITOR MA	ATRIX
The above named debtor(s) hereby v	verify(ies) that the attached matrix listing cred	ditors is true to the best of my(our) knowledge.
Date: December 23, 2015	Signature: /s/ WILLIAM ORTIZ MEDINA	
	WILLIAM ORTIZ MEDINA	Debtor
Date: December 23, 2015	Signature: /s/ SARA RACHEL SEPULVED	A
	SARA RACHEL SEPULVEDA	Joint Debtor, if any

BANCO POPULAR DE PUERTO RICO PO BOX 362708 DEPARTAMENTO DE QUIEBRAS SAN JUAN, PR 00936

FIDELITY INTERNATIONAL RESOURCE MANAGEME 601 Riverside Ave Jacksonville, FL 32204-2946

MARTINEZ & TORRES LAW OFFICES PSC PO Box 192938 San Juan, PR 00919-3409

MONEY EXPRESS
URB. SANTA ROSA
1213 BLVD DR
BARAYMON, PR 00959-6624

SARA R. SEPULVEDA VERA 506 CALLE BARRANQUITAS REPARTO AMERICA SAN JUAN, PR 00923

SEARS PO BOX 6286 SIOUX FALLS, SC 57117-6286

SOUTH CARIBBEAN FINANCIAL SERVICES PO Box 801209 Coto Laurel, PR 00780-1209 SYNCB/PEPB
PO BOX 105972
ATLANTA, GA 30348-5972

SYNCB/WLMRTD
Walmart Mastercard/Syncb
PO Box 960024
Orlando, FL 32896-0024

THD/CBNA
Home Depot Credit Services
PO Box 182676
Columbus, OH 43218-2676

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B201B (Form 201B) (Form 201B)

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IN RE:	Case No.
ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL	Chapter 13
Debtor(s)	•

Certificate of [Non-Attorney] Bankruptcy Petition Preparer  I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor notice, as required by § 342(b) of the Bankruptcy Code.  Printed Name and title, if any, of Bankruptcy Petition Preparer Address:    Social Security number (If the petition preparer is not an indithe Social Security number of principal, responsible person, or the bankruptcy petition preparer (Required by 11 U.S.C. § 110.    Certificate of the Debtor   Certificate of the Bankruptcy petition preparer of the Bankruptcy   Social Security number (If the petition preparer is not an indithe Social Security number of principal, responsible person, or partner whose Social Security number is provided above.	bankruptcy
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  Social Security number (If the petition preparer is not an inditive Social Security number of principal, responsible person, or the bankruptcy petition preparer (Required by 11 U.S.C. § 110.  Certificate of the Debtor	bankruptcy
Address:    petition preparer is not an indit the Social Security number of principal, responsible person, or the bankruptcy petition preparer (Required by 11 U.S.C. § 110.    Certificate of the Debtor   Certificate of the Deb	
X	the officer, or partner of
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.  Certificate of the Debtor	
I (Wa) the debtor(s) affirm that I (wa) have received and read the attached notice, as required by 8.342(b) of the Rankrun	
1 (110), the debiot(3), arithm that I (we) have received and read the attached holice, as required by § 342(0) of the Bankrup	tcy Code.
ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL X /s/ WILLIAM ORTIZ MEDINA	12/23/2015
Printed Name(s) of Debtor(s)  Signature of Debtor	Date
Case No. (if known) X /s/ SARA RACHEL SEPULVEDA	12/23/2015
Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF PUERTO RICO	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

ourself		
About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
that is on trissued First name ation (for river's port).  Middle name	SARA First name  RACHEL  Middle name	_
re ORTIZ MEDINA	SEPULVEDA	_
es you have at 8 years WILLIAM ORTIZ WILLIAM ORTIZ MEDINA	SARA R SEPULVEDA VERA SARA RACHEL SEPULVEDA VERA	
digits of ecurity eral xxx-xx-9836 payer number	xxx-xx-1932	
	that is on the issued ation (for river's port).  Middle name  The syour meeting ORTIZ MEDINA  The syour meeting ORTIZ MEDINA  The syour management of the syour meeting of the syour meeting or the sy	About Debtor 1:  About Debtor 2 (Spouse Only in a Joint Case):  SARA  First name  First name  First name  RACHEL  Middle name  The your meeting ORTIZ MEDINA  Last name and Suffix (Sr., Jr., II, III)  Sara First name  RACHEL  Middle name  SEPULVEDA  Last name and Suffix (Sr., Jr., II, III)  Sara RACHEL  Middle name  SEPULVEDA  SARA R SEPULVEDA VERA  SARA R SEPULVEDA VERA  SARA RACHEL SEPULVED

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Debtor 1 Debtor 2

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):  I have not used any business name or EINs.  Business name(s)				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs					
5.	Where you live	506 CALLE BARRANQUITAS REPARTO AMERICA SAN JUAN, PR 00923	If Debtor 2 lives at a different address:				
		Number, Street, City, State & ZIP Code  San Juan  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  PO Box 31342  San Juan, PR 00929-2342  Number, P.O. Box, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)				

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Debtor 1 Debtor 2

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL

7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by 11</i> d check the appropriate box.	U.S.C. § 342(b) for Individuals Filing for Bankruptc	y (Form		
	choosing to file under	☐ Cha	pter 7						
		☐ Cha	pter 11						
		☐ Cha	pter 12						
		■ Cha	pter 13						
8.	How you will pay the fee	— al If	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
						, sign and attach the Application for Individuals to Pa	ay The		
			ū	nstallments (Officia t my fee be waive	,	only if you are filing for Chapter 7. By law, a judge m	av but is		
		n yo	ot required to our family si	o, waive your fee, a ze and you are unal	nd may do so only if your incom	e is less than 150% of the official poverty line that ap I. If you choose this option, you must fill out the <i>App</i>	oplies to		
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by	■ No □ Yes.							
	an affiliate?								
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ No.	Go to I	ine 12.					
		☐ Yes.	Has yo	ur landlord obtained	d an eviction judgment against y	ou and do you want to stay in your residence?			
				No. Go to line 12.					
				Yes. Fill out <i>Initial</i> bankruptcy petition		dgment Against You (Form 101A) and file it with th	iis		

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Debtor 1 Debtor 2

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL

Par	Report About Any Bus	sinesses \	ou Own	as a Sole Proprietor	•				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Go to Part 4.					
		☐ Yes.	ness						
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, State & ZIP Code						
	to this petition.		Chec		to describe your business:				
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real E	Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as def	fined in 11 U.S.C. § 101(53A))				
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))				
				None of the above					
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	u are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 C. 1116(1)(B).						
	For a definition of small	■ No.	I am ı	I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.	I am f	iling under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention				
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or	■ No. □ Yes.	What is	the hazard?					
	safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?					
	•			-	Number, Street, City, State & Zip Code				

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Debtor 1 Debtor 2

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes П me to be unable to participate

in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Debtor 2

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL

16.	What kind of debts do	16a.	Are your debts primarily consu	mer debts? Cons	umer debts are	e defined in 11 U.S.C.§ 101(8) as "incurred by an				
	you have?		individual primarily for a personal,	family, or househol	d purpose."	(2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2				
			☐ No. Go to line 16b.							
			Yes. Go to line 17.							
		16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
			☐ No. Go to line 16c.							
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you owe that	at are not consume	er debts or busir	ness debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. G	o to line 18.						
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do you paid that funds will be available to			roperty is excluded and administrative expenses are				
	administrative expenses		□ No							
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes							
18.	How many Creditors do	<b>■</b> 1-49		<b>1</b> ,000-5,000		□ 25,001-50,000				
	you estimate that you owe?	☐ 50-99		<b>5001-10,000</b>	)	<b>5</b> 0,001-100,000				
		<u> </u>		<b>1</b> 0,001-25,0	00	☐ More than100,000				
		200-9	99							
19.	How much do you	<b>□</b> \$0 - \$:	50,000	<b>□</b> \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	□ \$50,00	01 - \$100,000	<b>□</b> \$10,000,001		☐ \$1,000,000,001 - \$10 billion				
	DO WORKER		001 - \$500,000	□ \$50,000,001						
		<b>□</b> \$500,0	001 - \$1 million	□ \$100,000,00	) i - \$500 millior	n				
20.	How much do you	<b>□</b> \$0 - \$	50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?	□ \$50,0	01 - \$100,000	<b>\$10,000,001</b>		\$1,000,000,001 - \$10 billion				
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 b □ \$100,000,001 - \$500 million □ More than \$50 billion						
		<b>□</b> \$500,0	001 - \$1 million	<b>1</b> \$100,000,00	) i - \$500 millior	n iniote trian \$50 billion				
Part	7: Sign Below									
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.								
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.								
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.								
		case can			to 20 years, or	by or property by fraud in connection with a bankrupto both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. RACHEL SEPULVEDA				
			M ORTIZ MEDINA e of Debtor 1			CHEL SEPULVEDA				
		Executed	on <u>December 23, 2015</u> MM / DD / YYYY		Executed on	December 23, 2015 MM / DD / YYYYY				

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Debtor 1 Debtor 2

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jesus E. Batista Sanchez	Date	December 23, 2015
Signature of Attorney for Debtor		MM / DD / YYYY
Jesus E. Batista Sanchez		
Printed name		
The Batista Law Group		
Firm name		
400 A B		
420 Ave Ponce de Leon		
San Juan, PR 00918-3416		
Number, Street, City, State & ZIP Code		
Contact phone (787) 620-2856	Email address	jesus.batista@batistalawgroup.com
12817		
Bar number & State		

	Case:15	5-10246-M	CF13 Doc			4/15 Entered:12/2 Page 12 of 60	24/15 15	:14:05	Des	c: Main	
Fill	in this informa	tion to identify	your case and th			Faye 12 01 00					
Deb	tor 1	WILLIAM O	RTIZ MEDINA	lle Name		Last Name					
	tor 2 use, if filing)		HEL SEPULVE			Last Name					
Unit	ed States Bank	cruptcy Court for	the: DISTRICT	OF PUE	RTO RICO						
Cas	e number					_				Check if this is an amended filing	
Off	ficial For	m 106A/E	3								
Sc	hedule	A/B: P	roperty							12/15	
		ve any legal or eq				n or Have an Interest In					
	Yes. Where is t	he property?									
1.1	REPARTO A	BARRANQUI AMERICA available, or other des		What	Single-family  Duplex or mul	y? Check all that apply home Iti-unit building or cooperative	the amoun	t of any secured	d claims	exemptions. Put s on Schedule D: ured by Property.	
	SAN JUAN	PR	00923		Manufactured Land	or mobile home	Current va			ent value of the on you own?	
	City	State	ZIP Code		Investment pr	operty	\$1′	10,000.00		\$110,000.00	
								ee simple, tena e), if known.	ture of your ownership interest nple, tenancy by the entireties, or known.		
	County			- □ ■	Debtor 2 only Debtor 1 and	Debtor 2 only  f the debtors and another		k if this is com	munity	property	

property identification number:
PRIMARY RESIDENCE
CEMENT CONSTRUCTIO PROPERTY

Other information you wish to add about this item, such as local

ONE STORY
4 BEDROOMS 1 BATHROO

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$110,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Page 13 of 60 Document Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL Case number (if known) Debtor 2 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Jeep Who has an interest in the property? Check one 3 1 Make: the amount of any secured claims on Schedule D: Liberty Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2007 Year: Debtor 2 only Current value of the Current value of the 680000 ■ Debtor 1 and Debtor 2 only Approximate mileage: entire property? portion you own? Other information: At least one of the debtors and another \$5,500.00 \$5,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$5,500.00 you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ■ No ☐ Yes. Describe..... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ Yes. Describe.....

■ Yes. Describe.....

11. Clothes

□ No

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Debtor 1 Debtor 2	ORTIZ MEDINA, WILLIAM & SE		Case number (if known)	
200.0. 2	CLOTHING			\$600.00
■ No	ry  ples: Everyday jewelry, costume jewelry, er  Describe	ngagement rings, wedding rings, heirloor	n jewelry, watches, gems, gold,	silver
Exam ■ No □ Yes	arm animals apples: Dogs, cats, birds, horses  Describe ther personal and household items you	ı did not already list, including any he	ealth aids you did not list	
_	. Give specific information  WEDDING BANDS	S, WATCHES, COSTUME JEWEL	RY	\$200.00
Part	the dollar value of all of your entries from 3. Write that number hereescribe Your Financial Assets		ages you have attached for	\$800.00
	wn or have any legal or equitable intere	est in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	oples: Money you have in your wallet, in you	•	nd when you file your petition	
<b>—</b> res			Cash on hand.	\$20.00
Exam	sits of money apples: Checking, savings, or other financial institutions. If you have multiple acc	accounts; certificates of deposit; shares counts with the same institution, list each		ses, and other similar
□ No ■ Yes		Institution name:		
	17.1	BANCO POPULAR CI	HECKING ACCOUNT	\$490.33

**BANCO POPULAR CHECKING ACCOUNT** 4819 17.2.

\$632.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Page 15 of 60 Document Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL Case number (if known) Debtor 2 ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: FIDELITY INTERNATIONAL RESOURCE MANAGEMEN INC RETIREMENT SAVINGS \$16,562.00 **PLAN** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information.....

### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information..

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Dobtor 1	Document	Page 16 of 60	
Debtor 1 Debtor 2	ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA R	RACHEL Case number (if known)	
	ests in insurance policies hples: Health, disability, or life insurance; health savings account (H	ISA): cradit homeowner's or renter's insurance	
■ No	ipies. Health, disability, of life insurance, health savings account (1)	ion, credit, nomeowners, or renters insurance	
	. Name the insurance company of each policy and list its value.		
	Company name:	Beneficiary:	Surrender or refund
			value:
If you died.	nterest in property that is due you from someone who has die a are the beneficiary of a living trust, expect proceeds from a life inst		property because someone has
■ No	O' a serve the information		
⊔ Yes	:. Give specific information		
Exan ■ No	as against third parties, whether or not you have filed a lawsui inples: Accidents, employment disputes, insurance claims, or right s. Describe each claim		
34 Other	contingent and unliquidated claims of every nature, includin	a counterclaims of the debtor and rights to s	et off claims
■ No	contingent and uninquidated claims of every flatare, includin	g counterclaims of the debtor and rights to s	et on cianns
☐ Yes	s. Describe each claim		
OF Amy f	inamaial accesso year did not already list		
■ No	inancial assets you did not already list		
	s. Give specific information		
	the dollar value of all of your entries from Part 4, including a 4. Write that number here		\$17,704.33
Part 5: D	escribe Any Business-Related Property You Own or Have an Interest	In List any real estate in Part 1	
	ı own or have any legal or equitable interest in any business-related p	property?	
_	Go to Part 6.		
☐ Yes.	Go to line 38.		
	escribe Any Farm- and Commercial Fishing-Related Property You Ov you own or have an interest in farmland, list it in Part 1.	vn or Have an Interest In.	
46. <b>Do</b> yo	ou own or have any legal or equitable interest in any farm- or	commercial fishing-related property?	
■ No	o. Go to Part 7.		
□ Ye	es. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You D	id Not List Above	
F2 Da ::-	us have other property of any kind you did not already.		
อง. <b>Do yo</b> Exan	bu have other property of any kind you did not already list?  nples: Season tickets, country club membership		
■ No	•		
☐ Yes	s. Give specific information		

Official Form 106A/B Schedule A/B: Property page 5

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

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Page 17 of 60 Document Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL Case number (if known)

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$110,000.00
56.	Part 2: Total vehicles, line 5	\$5,500.00		_
57.	Part 3: Total personal and household items, line 15	\$800.00		
58.	Part 4: Total financial assets, line 36	\$17,704.33		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$24,004.33	Copy personal property total	\$24,004.33
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$134,004.33

Official Form 106A/B Schedule A/B: Property page 6

Debtor 2

Case:15-102/6-MCE13 Filed:12/24/15 Entered:12/24/15 15:14:05

	Case.1	J-10240-MC1 13	Document		Page 18 of 60	7.14.03	Desc. Main
Fil	l in this informa	ation to identify your c			aye 10 01 00		
De	ebtor 1	WILLIAM ORTIZ N	MEDINA  Middle Name		Last Name		
-	ebtor 2 ouse if, filing)	First Name	Middle Name	ı	Last Name		
Un	ited States Banl	kruptcy Court for the:	DISTRICT OF PUERTO RIC	0			
	use number						Check if this is an amended filing
Of	fficial For	m 106C					
			perty You Cla	im	as Exempt		12/15
propout	perty you listed o	n Schedule A/B: Propei	ty (Official Form 106A/B) as you	ur sou	r, both are equally responsible for sup urce, list the property that you claim as ary. On the top of any additional pages	exempt. If	more space is needed, fill
spe app fun- to a app	ecific dollar amo blicable statutor ds—may be un a particular doll blicable statutor	ount as exempt. Altern by limit. Some exempti limited in dollar amount ar amount and the value.	atively, you may claim the fu ons—such as those for healt nt. However, if you claim an e ue of the property is determir	II fair h aid exem	unt of the exemption you claim. Or market value of the property bein ls, rights to receive certain benefits ption of 100% of fair market value o exceed that amount, your exemp	g exempted s, and tax-e under a law	I up to the amount of any xempt retirement that limits the exemption
1.	Which set of e	exemptions are you cla	niming? Check one only, even	if you	ır spouse is filing with you.		
	☐ You are clair	ming state and federal ne	onbankruptcy exemptions. 11 l	J.S.C	C. § 522(b)(3)		
	You are clair	ming federal exemptions	. 11 U.S.C. § 522(b)(2)				
2.	For any prope	rty you list on Schedu	le A/B that you claim as exer	npt, f	fill in the information below.		
		n of the property and line at lists this property	on Current value of the portion you own	Am	ount of the exemption you claim	Specific la	ws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
De	ebtor 1 Exem	<u>ptions</u>				11 1180	S E22(d)(4)
		BARRANQUITAS	\$110,000.00		\$1,259.50	11 030	§ 522(d)(1)
	REPARTO A SAN JUAN I Line from Sche	PR, 00923			100% of fair market value, up to any applicable statutory limit		
	Jeep		\$5,500.00		\$2,750.00	11 USC	§ 522(d)(2)
	Liberty 2007 680000		<u> </u>		100% of fair market value, up to any applicable statutory limit		
	Line from Sche	edule A/B: <b>3.1</b>					

Jeep Liberty

680000

**CLOTHING** 

Line from Schedule A/B: 3.1

Line from Schedule A/B: 11.1

2007

\$5,500.00

\$600.00

11 USC § 522(d)(5)

11 USC § 522(d)(3)

\$0.00

\$300.00

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

any applicable statutory limit

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check only one box for each exemption.				
	WEDDING BANDS, WATCHES, COSTUME JEWELRY	\$200.00	<b>\$100.00</b>		11 USC § 522(d)(4)		
	Line from Schedule A/B: 14.1	100% of fair market value, up to any applicable statutory limit					
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/16 and every 3 your No		iled on or	after the date of adjustment.)			
	<ul> <li>Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?</li> <li>No</li> <li>Yes</li> </ul>						

### Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 20 of 60

				3	_
Fil	l in this information to identify your case:				
De	ebtor 1				
De	First Name  SARA RACHEL SEPUL	Middle Name	L	_ast Name	
	ouse if, filing)  First Name	Middle Name	L	ast Name	
Ur	nited States Bankruptcy Court for the: DIST	TRICT OF PUERTO RIC	co		
Ca	ase number				
	known)				☐ Check if this is an
					amended filing
O	fficial Form 106C				
S	chedule C: The Prope	rtv You Cla	im	as Exempt	12/15
	·			•	
pro out kno	as complete and accurate as possible. If two m perty you listed on Schedule A/B: Property (Off and attach to this page as many copies of Part wn).	icial Form 106A/B) as yo 2: Additional Page as ne	our sou ecessa	urce, list the property that you claim a ary. On the top of any additional page	as exempt. If more space is needed, fill s, write your name and case number (if
spe app fun to a	reach item of property you claim as exempted if collar amount as exempt. Alternatively blicable statutory limit. Some exemptions—ds—may be unlimited in dollar amount. Howard particular dollar amount and the value of tollicable statutory amount.	y, you may claim the fu such as those for healt wever, if you claim an	ıll fair th aid: exem <sub>l</sub>	market value of the property beir s, rights to receive certain benefit ption of 100% of fair market value	ng exempted up to the amount of any is, and tax-exempt retirement under a law that limits the exemption
Pa	Int 1: Identify the Property You Claim as	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, even	if you	ır spouse is filing with you.	
	☐ You are claiming state and federal nonbank	cruptcy exemptions. 11	U.S.C	c. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 L	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/E	that you claim as exe	mpt, f	ill in the information below.	
	Brief description of the property and line on	Current value of the		ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B that lists this property	portion you own			
		Copy the value from Schedule A/B	CHE	eck only one box for each exemption.	
De	ebtor 2 Exemptions				44 1100 5 500(-1)(4)
	506 CALLE BARRANQUITAS	\$110,000.00		\$1,259.50	11 USC § 522(d)(1)
	REPARTO AMERICA SAN JUAN PR, 00923 Line from Schedule A/B 1.1			100% of fair market value, up to any applicable statutory limit	
	Jeep	\$5,500.00		\$2,750.00	11 USC § 522(d)(2)
	Liberty 2007			100% of fair market value, up to	
	680000			any applicable statutory limit	
	Line from Schedule A/B. 3.1				
	Jeep	\$5,500.00		\$0.00	11 USC § 522(d)(5)
	Liberty 2007			100% of fair market value, up to	
	680000 Line from <i>Schedule A/B</i> : <b>3.1</b>			any applicable statutory limit	
	CLOTHING Line from Schedule A/B. 11.1	\$600.00		\$300.00	11 USC § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	

Official Form 106C

# Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 21 of 60

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
	WEDDING BANDS, WATCHES, COSTUME JEWELRY	\$200.00	\$100.00	11 USC § 522(d)(4)
	Line from Schedule A/B: 14.1		100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every 3			
	■ No			
	☐ Yes. Did you acquire the property covered	d by the exemption within	1,215 days before you filed this case?	
	□ No			
	☐ Yes			

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		Document	Page 2	2 of 60		
Fill in this information t	o identify your	case:				
	LIAM ORTIZ	Z MEDINA  Middle Name	Loot Name			
			Last Name			
	NA RACHEL Name	SEPULVEDA Middle Name	Last Name			
United States Bankrupto		DISTRICT OF PUERTO RICO	Zuot Humo			
Case number (if known)					_	if this is an ed filing
						ou ming
Official Form 106	<u>SD</u>					
Schedule D: C	reditors	Who Have Claims	Secure	ed by Property	У	12/15
		f two married people are filing togethe , number the entries, and attach it to t				
1. Do any creditors have cla	aims secured by	your property?				
☐ No. Check this bo	x and submit thi	s form to the court with your other so	chedules. Yo	ou have nothing else to rec	oort on this form.	
Yes. Fill in all of th		•				
		SIOW.				
Part 1: List All Secur				Column A	Column B	Column C
for each claim. If more than	one creditor has	nore than one secured claim, list the creor a particular claim, list the other creditors cal order according to the creditor 's name	in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
BANCO POPUL	AR DE					•
PUERTO RICO Creditor's Name		Describe the property that secures t		<u>\$107,481.00</u>	\$110,000.00	\$0.00
PO BOX 362708 DEPARTAMENT QUIEBRAS SAN JUAN, PR	TO DE	506 CALLE BARRANQUITA: REPARTO AMERICA, SAN APR 00923 PRIMARY RESIDENCE CENCONSTRUCTIO PROPERTY STORY 4 BEDROOMS 1 BATHROOM As of the date you file, the claim is: apply.  Contingent	JUAN, MENT ONE			
Number, Street, City, Sta		☐ Unliquidated				
Who owes the debt? Che	eck one	Disputed  Nature of lien. Check all that apply.				
Debtor 1 only	on one.	☐ An agreement you made (such as i	mortgage or s	ecured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 o	nly	☐ Statutory lien (such as tax lien, med	chanic's lien)			
At least one of the debto	rs and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim rela	tes to a	☐ Other (including a right to offset)				
Date debt was incurred		Last 4 digits of account numl	ber <u>0136</u>	<u> </u>		
2.2 FIDELITY INTERNATIONA RESOURCE MA		Describe the property that secures to 2008 JEEP/AUTO LOAN AG		\$5,231.58	\$16,562.00	\$0.00
004 51 11 1		ERISA SAVINGS PLAN				
601 Riverside A Jacksonville, FI 32204-2946		As of the date you file, the claim is: apply.	Check all that			
Number, Street, City, Sta	ite & Zin Code	☐ Contingent☐ Unliquidated				
Who owes the debt? Che	•	☐ Disputed  Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as i	mortgage or s	ecured		
Debtor 1 only  Debtor 2 only		car loan)				

Official Form 106D

# Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 23 of 60

Debtor 1 WILLIAM ORTIZ MEDINA				Case number (f know)			
	First Name	Middle Name	Last Name	-			
Debtor 2	SARA RACHEL S	EPULVEDA					
•	First Name	Middle Name	Last Name	-			
☐ At least ☐ Check i	1 and Debtor 2 only one of the debtors and a if this claim relates to a	nother 🔲 Judgr	ory lien (such as tax lien, mec nent lien from a lawsuit (including a right to offset)	hanic's lien)			
	unity debt was incurred	La	ast 4 digits of account numb	er <u>9836</u>			
Add the de	allar value of your optri	os in Column A on	this page. Write that number	horo	\$112,712.58		
	•		lue totals from all pages.	nere.	\$112,712.36		
	number here:	ii, add tile dollar va	ide totais iroin ali pages.		\$112,712.58		
Part 2:	List Others to Be Not	ified for a Debt T	hat You Already Listed				
trying to co than one co debts in Pa	ollect from you for a de	bt you owe to some bts that you listed	eone else, list the creditor in	Part 1, and th	already listed in Part 1. For exal nen list the collection agency he e. If you do not have additional p	ere. Similarly, if you	have more
	ARTINEZ & TORRE Box 192938	S LAW OFFIC	ES PSC O	n which lin	ne in Part 1 did you enter	the creditor?	2.1
	n Juan, PR 00919	3409	La	st 4 digits	of account number	0136	

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		Document	Page 24 of 60		
Fill in this infor	mation to identify your c	ase:			
Debtor 1	WILLIAM ORTIZ N	ΛΕDINA			
2 00101	First Name	Middle Name	Last Name	- }	
Debtor 2	SARA RACHEL S	EPULVEDA			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO RICO		_	
Case number (if known)				-	Check if this is an
Official For	m 106E/F			a	imended filing
		ha Haya Hasaayiinad	Claima		40/4E
		ho Have Unsecured	Claims Y claims and Part 2 for creditors with N		12/15
D: Creditors Who the Continuation F case number (if kr	Have Claims Secured by Pro Page to this page. If you hav	operty. If more space is needed, co e no information to report in a Part	o not include any creditors with partia py the Part you need, fill it out, numbe t, do not file that Part. On the top of an	r the entries in the	boxes on the left. Attach
	tors have priority unsecured				
No. Go to		a diamid agamet you .			
Yes.	rail 2.				
	All of Your NONPRIORITY	/ Unsecured Claims			
	tors have nonpriority unsec				
_ `		art. Submit this form to the court with	vour other schedules		
Yes.	ave nothing to report in the pe		year early estiledules.		
unsecured cla	im, list the creditor separately	for each claim. For each claim listed,	e creditor who holds each claim. If a cr , identify what type of claim it is. Do not list lave more than three nonpriority unsecure	st claims already incl	luded in Part 1. If more
					Total claim
4.1 BBY/C	BN	Last 4 digits of acc	ount number 9014		\$2,483.00
Nonpriori	ity Creditor's Name	When was the debt	incurred?		
Number	Street City State Zlp Code	As of the date you t	file, the claim is: Check all that apply		
Who inc	urred the debt? Check one.				
■ Debto	or 1 only	☐ Contingent			
☐ Debto	or 2 only	☐ Unliquidated			
☐ Debto	or 1 and Debtor 2 only	☐ Disputed			
☐ At lea	ast one of the debtors and ano	ther Type of NONPRIOR	RITY unsecured claim:		
☐ Chec	k if this claim is for a comn				
debt Is the cla	aim subject to offset?	☐ Obligations arisin report as priority clair	ng out of a separation agreement or divor ms	ce that you did not	
■ No		☐ Debts to pension	or profit-sharing plans, and other similar	debts	
☐ Yes		Other Specify			

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Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA

Debtor 2 RACHEL Case number (if know) 4.2 **MONEY EXPRESS** Last 4 digits of account number \$3,056.00 7743 Nonpriority Creditor's Name When was the debt incurred? **URB. SANTA ROSA 1213 BLVD DR** BARAYMON, PR 00959-6624 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 **SEARS** Last 4 digits of account number \$1,611.00 Nonpriority Creditor's Name When was the debt incurred? **PO BOX 6286** SIOUX FALLS, SC 57117-6286 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **SOUTH CARIBBEAN FINANCIAL** \$626.50 4.4 **SERVICES** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 801209 Coto Laurel, PR 00780-1209 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

# Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 26 of 60 Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA

Debtor 2 RACHEL Case number (if know) 4.5 SYNCB/PEPB \$309.00 Last 4 digits of account number 5916 Nonpriority Creditor's Name When was the debt incurred? PO BOX 105972 ATLANTA, GA 30348-5972 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 SYNCB/WLMRTD Last 4 digits of account number 2210 \$861.00 Nonpriority Creditor's Name When was the debt incurred? Walmart Mastercard/Syncb PO Box 960024 Orlando, FL 32896-0024 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another  $\square$  Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 THD/CBNA Last 4 digits of account number \$405.00 Nonpriority Creditor's Name **Home Depot Credit Services** When was the debt incurred? PO Box 182676 Columbus, OH 43218-2676 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA

Debtor 2 RACHEL Case number (fr know)

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

-NONE
Line of (Check one): Part 1: Creditors with Prior

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				<b>Total Claim</b>	
	6f.	Student loans	6f.	\$	0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ \$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	9,351.50
	6j.	Total. Add lines 6f through 6i.	6j.	\$	9,351.50

Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main

Fill in this inform	mation to identify your	case:			
Debtor 1	WILLIAM ORTIZ	MEDINA			
	First Name	Middle Name	Last Name		
Debtor 2	SARA RACHEL S	SEPULVEDA			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO F	RICO		
Case number (if known)				☐ Check if this is a	n
				l amended filing	

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with	whom you have the r, Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.2	•				
	Name				<u> </u>
	Number	Street			_
	Oit.		04-4-	710.0-4-	_
2.3	City		State	ZIP Code	
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4	City		State	ZIF Code	
	Name				<del>_</del>
	Number	Street			_
	Oit.		04-4-	710.0-4-	_
2.5	City		State	ZIP Code	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_

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		Docume	nt Page 29 of	60	•
Fill in thi	s information to identify your o	case:			
Debtor 1	WILLIAM ORTIZ	MEDINA			
	First Name	Middle Name	Last Name	_	}
Debtor 2	SARA RACHEL S				
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO		
Case nur	nber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors			12/15
are filing and numb case num	together, both are equally resp	onsible for supplying con the left. Attach the Additio juestion.	rect information. If more and Page to this page. (	e space is needed, c On the top of any Ad	te as possible. If two married peopleopy the Additional Page, fill it out, Iditional Pages, write your name an
□ No					
■ Ye					
<b>—</b> 16	<i>‡</i> 5				
<b>2. W</b> i	ithin the last 8 years, have you ornia, Idaho, Louisiana, Nevada,	<b>lived in a community prop</b> New Mexico, Puerto Rico,	perty state or territory? Texas, Washington, and	(Community property Wisconsin.)	v states and territories include Arizona,
■ No	o. Go to line 3.				
	es. Did your spouse, former spous	se, or legal equivalent live wit	h you at the time?		
line : 1060	2 again as a codebtor only if th	at person is a guarantor o	r cosigner. Make sure y	ou have listed the c	with you. List the person shown in creditor on Schedule D (Official For alle E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1	SARA R. SEPULVEDA VE 506 CALLE BARRANQUIT SAN JUAN, PR 00923		CA	■ Schedule D, □ Schedule E/f □ Schedule G BANCO POPU	

Official Form 106H Software Copyright (c) 1996-2015 CIN Group - www.cincompass.com

# Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 30 of 60

Fill	in this information to identify your ca	se:							
Del	otor 1 WILLIAM OF	RTIZ MEDINA			_				
1	otor 2 SARA RACH	IEL SEPULVEDA			_				
Uni	ted States Bankruptcy Court for the:	DISTRICT OF PUERT	TO RICO		_				
(If kr	se number nown)					Check if this is  An amend  A supplem income as	led filing		chapter 13
0	fficial Form 106I					MM / DD/	YYYY		
S	chedule I: Your Inco	ome							12/1
spo atta	plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O  Describe Employment	spouse is not filing with	h you, do not inclu	de informa	ation	bout your spo	use. If more	space is ne	eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fil	ing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emp	oloyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			■ Not	■ Not employed		
	employers.	Occupation SUPPORT REPRESENTA				<u>/E HOME</u>	MAKER		
	Include part-time, seasonal, or self-employed work.	Employer's name	US FIDELITY I	NFORM <i>A</i>	ATIOI	<u> </u>			
	Occupation may include student or homemaker, if it applies.	r Employer's address							
		How long employed th	nere? <u>1 yea</u> ı	rs					
Pai	Give Details About Mon	thly Income							
	mate monthly income as of the dates so you are separated.	te you file this form. If yo	ou have nothing to re	eport for any	y line,	write \$0 in the sp	pace. Include	e your non-filir	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this form		oine the information f	or all emplo	oyers 1	or that person or	n the lines be	elow. If you ne	eed more
						For Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$_	1,968.15	\$	0.00	
3.	Estimate and list monthly overting	me pay.		3.	+\$_	0.00	+\$	0.00	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	1,968.15	\$	0.00	

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Deb	tor 2	ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL		(	Case r	number (if known)				
					For	Debtor 1		or Debtor on-filing s		
	Copy	y line 4 here	4.		\$	1,968.15	\$		0.00	-
5.	List	all payroll deductions:								
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	185.13	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.		<sub>\$</sub> —	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		<u>*</u> —	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.		<u>*</u> —	145.16	\$		0.00	_
	5e.	Insurance	5e.		<b>\$</b>	0.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	_
	5g.	Union dues	5g.		\$	0.00	\$		0.00	_
	5h.	Other deductions. Specify: VISION	5h.	.+	\$	15.88	+ \$		0.00	_
		PR 1165 PCT			\$	75.47	\$		0.00	_
		METLIFE DPO HIGH			\$ <u>_</u>	25.39	\$.		0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	447.03	\$.		0.00	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,521.12	\$		0.00	_
8.	List a	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	-	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.		\$	0.00	\$		0.00	_
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation	8c. 8d.		\$ \$	0.00	\$		0.00	<b>-</b> -
	8e.	Social Security	8e.		\$	0.00	\$.		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.		\$	0.00	\$		0.00	_
	8h.	Other monthly income. Specify:	8h.	.+	\$	0.00	+ \$		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	0.00	\$		0.00	0
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	1	,521.12 + \$		0.00	= \$	1,521.12
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		.,,			1 L`_	.,
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defiriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not averify:	lepende			•		edule J. 11.	+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain							\$	1,521.12
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						Combir monthly	ned y income
		No.								
		Voc Explain:								

Official Form 106I Schedule I: Your Income page 2

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	in this informa	4: to :- tif				1				
FIII	in this informa	tion to identify yo	ur case:							
Deb	tor 1	WILLIAM OR	RTIZ MED	DINA		CI	neck	if this is:		
L.							-	an amended filing		
	otor 2 ouse, if filing)	SARA RACH	EL SEP	JLVEDA				supplement showing spenses as of the f	ng postpetition chapter	13
(Spt	ouse, ii iiiiig)						C	Apolises as of the f	ollowing date.	
Unit	ed States Bankr	ruptcy Court for the:	DISTRI	CT OF PUERTO RICO			N	MM / DD / YYYY		
	e number									
(If kı	nown)									
Of	fficial Fo	rm 106J				-				
So	chedule	J: Your E	Expen	ses					12	2/15
Be info	as complete a	and accurate as	possible. eded, attac	If two married people are th another sheet to this t						ber
		ibe Your Housel	hold							
1.	Is this a join									
	☐ No. Go to									
	■ Yes. <b>Doe</b> s	s Debtor 2 live in	n a separa	te household?						
	■ N □ Y	-	st file Offici	al Form 106J-2, Expenses	for Separate Househ	noldof Del	otor 2	2.		
2.	Do you have	e dependents?	□ No							
۷.	•	•		Fill out this information for	Denondentie releti	ianahin ta		Denendentie	Dago danandant	
	Do not list Do Debtor 2.	eptor 1 and	Yes.	each dependent	Dependent's relate Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
									■ NI.	
	Do not state dependents								■ No □ Yes	
	dependents	names.							□ res □ No	
									☐ Yes	
					-				□ No	
									☐ Yes	
					-		_		□ No	
									☐ Yes	
3.		enses include		No						
	•	f people other th d your depender		Yes						
Est	imate your ex		ur bankru	ptcy filing date unless y						
	enses as of a dicable date.	date after the b	ankruptcy	is filed. If this is a supp	lemental Schedule J	/, check t	he b	ox at the top of th	e form and fill in the	
				overnment assistance if						
	ue of such as: ficial Form 10		ve include	ed it on Schedule I: Your	income			Your expe	enses	
4.		or home ownersh and any rent for the		ses for your residence. In lot.	nclude first mortgage	4.	\$		645.00	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		rty, homeowner's,	or renter's	insurance		4b.			0.00	
		maintenance, re				4c.	\$		0.00	
		owner's associati					\$		0.00	
5.	Additional n	nortgage payme	ents for yo	ur residence, such as ho	me equity loans	5.	\$		0.00	

# Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 33 of 60

2 RACHEL	Case numi	per (if known)	
tilities:	0-	<b>c</b>	4
a. Electricity, heat, natural gas	6a.		45.57
b. Water, sewer, garbage collection	6b.		25.55
c. Telephone, cell phone, Internet, satellite, and cable services	6c.	·	50.00
d. Other. Specify:	6d.		0.00
ood and housekeeping supplies	7.	·	310.00
hildcare and children's education costs	8.	\$	0.00
lothing, laundry, and dry cleaning	9.	\$	20.00
ersonal care products and services	10.	·	15.00
edical and dental expenses	11.	\$	60.00
ransportation. Include gas, maintenance, bus or train fare.	12.	\$	160.00
o not include car payments. ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.00
haritable contributions and religious donations	14.	\$	0.00
surance.	14.	Ψ	0.00
o not include insurance deducted from your pay or included in lines 4 or 20.			
5a. Life insurance	15a.	\$	0.00
5b. Health insurance	15b.	\$	0.00
5c. Vehicle insurance	15c.	\$	0.00
5d. Other insurance. Specify:	15d.	\$	0.00
axes. Do not include taxes deducted from your pay or included in lines 4 or 20.		·	
pecify:	16.	\$	0.00
stallment or lease payments:			
7a. Car payments for Vehicle 1	17a.	\$	0.00
7b. Car payments for Vehicle 2	17b.	\$	0.00
7c. Other. Specify:	17c.	\$	0.00
7d. Other. Specify:	17d.	\$	0.00
our payments of alimony, maintenance, and support that you did not report a	s	_	0.00
educted from your pay on line 5, Schedule I, Your Income (Official Form 106I)	. 18.		0.00
ther payments you make to support others who do not live with you.		\$	0.00
pecify:	19.		
ther real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
Da. Mortgages on other property	20a.		0.00
Ob. Real estate taxes	20b.	·	0.00
Oc. Property, homeowner's, or renter's insurance	20c.		0.00
Od. Maintenance, repair, and upkeep expenses	20d.	·	0.00
De. Homeowner's association or condominium dues	20e.	·	0.00
ther: Specify:	21.	+\$	0.00
alculate your monthly expenses			
2a. Add lines 4 through 21.		\$	1,371.12
2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,371.12
• • • •		T	1,011.12
alculate your monthly net income.		_	
Ba. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	1,521.12
Bb. Copy your monthly expenses from line 22c above.	23b.	-\$	1,371.12
3c. Subtract your monthly expenses from your monthly income.	23c.	\$	150.00
The result is your <i>monthly net income</i> .	200.	Ŧ	
o you expect an increase or decrease in your expenses within the year after yor example, do you expect to finish paying for your car loan within the year or do you expect y			ease or decrease because o
odification to the terms of your mortgage?			
] No.			

Fill in this info	ormation to identify your	case:			
Debtor 1	WILLIAM ORTIZ	MEDINA			
	First Name	Middle Name	Last	Name	
Debtor 2	SARA RACHEL S	EPULVEDA			
(Spouse if, filing)	First Name	Middle Name	Last	Name	
United States	Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO		
Case number					
(if known)				İ	☐ Check if this is an
					amended filing
~ <u>-</u>					
Official Fo	rm 106Dec				
Declara	ation About a	an Individual	Debte	or's Schedules	12/15
If two married	people are filing together	. both are equally respons	sible for sur	pplying correct information.	
				schedules. Making a false stateme can result in fines up to \$250,000,	
	. 18 U.S.C. §§ 152, 1341, 1		upicy case	can result in filles up to \$230,000,	or imprisonment for up to 20
<b>,</b>	, , , , , , , , , , , , , , , , , , ,	,			
s	ign Below				
Did you i	nay or agree to hay some	one who is NOT an attorn	ev to heln v	ou fill out bankruptcy forms?	
Dia you	pay or agree to pay some		cy to neip y	ou illi out builki uptoy formo.	
■ No					
-					
☐ Yes.	Name of person			. Attach <i>Bankruptcy Petitioi</i> and Signature(Official Forr	n Preparer's Notice, Declaration,
				and Signature (Official For	1119).
		that I have read the summ	nary and scl	nedules filed with this declaration	and
that they	are true and correct.				
X /e/ W	ILLIAM ORTIZ MEDIN	Δ	Х	/s/ SARA RACHEL SEPULVEI	DΔ
	JAM ORTIZ MEDINA	<u> </u>	<u> </u>	SARA RACHEL SEPULVEDA	
	ture of Debtor 1			Signature of Debtor 2	
•					

Date **December 23, 2015** 

Date December 23, 2015

	Document Page 35 of 60	.05 De	SC. Main
Fill	I in this information to identify your case:		
De	btor 1 WILLIAM ORTIZ MEDINA		
	First Name Middle Name Last Name		
1	btor 2 SARA RACHEL SEPULVEDA ouse if, filing) First Name Middle Name Last Name		
Un	ited States Bankruptcy Court for the: DISTRICT OF PUERTO RICO		
	se numbernown)	_	k if this is an ded filing
	fficial Form 106Sum Immary of Your Assets and Liabilities and Certain Statistical Information	ı	12/15
Be a info you	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendar original forms, you must fill out a new Summary and check the box at the top of this page.  It 1: Summarize Your Assets	r supplying	
		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	110,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	24,004.33
	1c. Copy line 63, Total of all property on Schedule A/B	\$	134,004.33
Pa	rt 2: Summarize Your Liabilities		
			iabilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	112,712.58
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	9,351.50
	Your total liabilitie	s \$	122,064.08
Pa	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	1,521.12
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,371.12
Pa	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	other schedu	ıles.

- Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA,

Debtor 2 SARA RACHEL Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,968.15

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fil	I in this inform	ation to identify you	r case:				
	ebtor 1						
De	ו וטוטו	WILLIAM ORTIZ	MIDINA Middle Name	Last Name			
De	ebtor 2	SARA RACHEL	SEPULVEDA				
(Sp	ouse if, filing)	First Name	Middle Name	Last Name			
Un	nited States Ban	kruptcy Court for the:	DISTRICT OF PUERTO	RICO			
	ase number						
	known)				_	Check if this is an amended filing	
	fficial For		Affairs for Individ	duals Filing for I	Bankruptcy	12/15	
info	ormation. If mo				equally responsible for suppl additional pages, write your		
Pa	rt 1: Give De	etails About Your Ma	arital Status and Where You	Lived Before			
1.	What is your	current marital statu	ıs?				
	<b>.</b>						
	<ul><li>Married</li><li>Not marr</li></ul>	ied					
2.	During the last 3 years, have you lived anywhere other than where you live now?						
	■ No						
	☐ Yes. List	all of the places you li	ved in the last 3 years. Do not i	include where you live now.			
	Debtor 1 Price	or Address:	Dates Debtor 1 there	lived Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there	
3. stat					ity property state or territory tico, Texas, Washington and W		
	■ No □ Yes. Mak	e sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Offi	cial Form 106H).			
Pa	rt 2 Explain	the Sources of You	ır Income				
4.	Fill in the total If you are filing	amount of income yo	nployment or from operating by received from all jobs and a have income that you receive to	Ill businesses, including par		dar years?	
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
	or last calendar anuary 1 to Dec	year: ember 31, 2014 )	☐ Wages, commissions, bonuses, tips	\$15,244.78	☐ Wages, commissions, bonuses, tips	\$0.00	
			☐ Operating a business		Operating a business		
		year before that: ember 31, 2013 )	☐ Wages, commissions, bonuses, tips	\$21,125.00	☐ Wages, commissions, bonuses, tips	\$0.00	
			☐ Operating a business		Operating a business		
Offic	cial Form 107		Statement of Financial Aff	airs for Individuals Filing for	Bankruptcy	page 1	

			Deliterat		Dalitano	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r the calendary 1 to	dar year: December 31, 2	☐ Wages, commission bonuses, tips	ons, <b>\$21,581.00</b>	☐ Wages, commissio bonuses, tips	ns, <b>\$0.00</b>
			☐ Operating a busine	ess	☐ Operating a busine	SS
	■ No	source and the great state of th	Debtor 1	parately. Do not include income that	Debtor 2	
			Sources of income Describe below	Gross income (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Payme	nts You Made Before You File	d for Bankruptcy		
6.	Are either ☐ No.	Neither Debtor individual prima  During the 90 december 1.00 december 1.	ily for a personal, family, or hous	consumer debts. Consumer debts		101(8) as "incurred by an
		☐ Yes Lis cre	ditor. Do not include payments to ments to an attorney for this ban	ou paid a total of \$6,225* or more in for domestic support obligations, so kruptcy case. years after that for cases filed on or	uch as child support and a	ilimony. Also, do not include
	■ Yes.	Yes Lis cre pay * Subject to ad	below each creditor to whom you ditor. Do not include payments of ments to an attorney for this ban ustment on 4/01/16 and every 3 btor 2 or both have primarily of	for domestic support obligations, so lkruptcy case. years after that for cases filed on or	uch as child support and a after the date of adjustme	ilimony. Also, do not include
	■ Yes.	Yes Lis cre pay * Subject to add  * Subject to add  Debtor 1 or De  During the 90 d  No. Go  Yes Lis pay	below each creditor to whom you ditor. Do not include payments to ments to an attorney for this ban ustment on 4/01/16 and every 3 botor 2 or both have primarily days before you filed for bankrupto to line 7.	for domestic support obligations, solkruptcy case. years after that for cases filed on or consumer debts.	uch as child support and a after the date of adjustment of \$600 or more?	at creditor. Do not include

which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider

**Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Page 39 of 60 Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL Case number (if known) Debtor 2 insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. Nο Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο П Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per Describe the gifts Dates you gave Value person the gifts

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity

■ No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)

Describe what you contributed

Dates you contributed

Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main

	btor 1 btor 2 ORTIZ MEDINA, WILLIAM & S		40 of 60  Case number (if known)					
	or gambling?							
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>							
	Describe the property you lost and how the loss occurred	Describe any insurance coverage Include the amount that insurance insurance claims on line 33 of Sche	nas paid. List pending	Value of property los				
Pai	rt 7: List Certain Payments or Transfers	i						
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pre	reparing a bankruptcy petition?		operty to anyone you				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of transferred	any property  Date payment transfer was made	t or Amount of payment				
	The Batista Law Group 420 Ave Ponce de Leon San Juan, PR 00918-3416	1,000.00 ATTORNEYS	S FEES NOVEMBER 2015	R \$1,000.00				
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.							
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address	Description and value of transferred	any property Date payment transfer was made	t or Amount or payment				
18.	Within 2 years before you filed for bankru transferred in the ordinary course of you Include both outright transfers and transfers gifts and transfers that you have already listed No	r business or financial affairs? made as security (such as the grantir						
	☐ Yes. Fill in the details.							
	Person's relationship to you	Description and value of property transferred	Describe any property or payments received or del paid in exchange	Date transfer was made				
19.	Person's relationship to you  Within 10 years before you filed for banks beneficiary? (These are often called asset-p		rty to a self-settled trust or similar dev	ice of which you are a				

■ No

Name of trust

☐ Yes. Fill in the details.

Description and value of the property transferred

**Date Transfer was** 

made

	Ca	ase:15-10246-MCF13 Doc		/15 Enter Page 41 o		24/15 15:14:05	Desc: Main
	btor 1 btor 2	ORTIZ MEDINA, WILLIAM & SEP		•		mber (if known)	
Pa	rt 8:	List of Certain Financial Accounts, Ins	truments. Safe Deposit	Boxes, and Sto	orage Units	•	
	Within sold, Include house	n 1 year before you filed for bankruptcy moved, or transferred? de checking, savings, money market, or es, pension funds, cooperatives, associ	, were any financial account	counts or instru	uments he	ld in your name, or for y	
	□ \	Yes. Fill in the details.					
		e of Financial Institution and Pess (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		ou now have, or did you have within 1 y or other valuables?	ear before you filed for	bankruptcy, ar	ny safe dep	oosit box or other depos	itory for securities,
	_	No Yes. Fill in the details.					
		e of Financial Institution ess (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S and ZIP Code)		Describe	e the contents	Do you still have it?
22.	<b>=</b> N	you stored property in a storage unit o No Yes. Fill in the details.	r place other than your	home within 1	year befor	e you filed for bankrupte	су
		e of Storage Facility 'ess (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, Sand ZIP Code)		Describe	the contents	Do you still have it?
Pa	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.	Do yo	ou hold or control any property that son one.	neone else owns? Inclu	de any propert	y you borr	owed from, are storing t	for, or hold in trust for
	_ `	No Yes. Fill in the details.					
		er's Name 'ess (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, Code)		Describe	e the property	Value
Pa	rt 10:	Give Details About Environmental Info	rmation				
For	the pu	rpose of Part 10, the following definition	ns apply:				
	toxic	onmental law means any federal, state, substances, wastes, or material into the olling the cleanup of these substances,	e air, land, soil, surface		• .	•	
		neans any location, facility, or property	as defined under any e	environmental l	aw, whethe	er you now own, operate	e, or utilize it or used to

- own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

■ No □ Yes. Fill in the details.			
Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Page 42 of 60 Document Debtor 1 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL Case number (if known) Debtor 2 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Environmental law, if you Date of notice Name of site Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ WILLIAM ORTIZ MEDINA /s/ SARA RACHEL SEPULVEDA WILLIAM ORTIZ MEDINA SARA RACHEL SEPULVEDA Signature of Debtor 1 Signature of Debtor 2 Date December 23, 2015 **Date December 23, 2015** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Yes. Name of Person

Official Form 107

Fill in this information to identify your case:						
Debtor 1	WILLIAM ORTIZ MEDINA					
Debtor 2 (Spouse, if filing)	SARA RACHEL SEP	ULVEDA				
United States B	ankruptcy Court for the:	District of Puerto Rico				
Case number (if known)						

Check	Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colui Debt		Column Debtor non-fili	-
<ol><li>Your gross wages, salary, tips, bonuses, overtime, payroll deductions).</li></ol>	and con	nmissio	ns (before all	\$	1,968.15	\$	0.00
<ol> <li>Alimony and maintenance payments. Do not include Column B is filled in.</li> </ol>	e paymer	nts from a	a spouse if	\$	0.00	\$	0.00
4. All amounts from any source which are regularly p of you or your dependents, including child support from an unmarried partner, members of your household roommates. Include regular contributions from a spous Do not include payments you listed on line 3	t. Include , your de <sub>l</sub>	regular pendents	contributions , parents, and	\$	0.00	\$	0.00
<ol><li>Net income from operating a business, profession, or farm</li></ol>	Debtor	1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$ _	0.00					
Net monthly income from a business, profession, or fa	ırm \$	0.00	Copy here ->	\$	0.00	\$	0.00
6. Net income from rental and other real property	Debtor	1					
Gross receipts (before all deductions)	\$ _	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1 Debtor 2	ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL		Case number	er ( <i>if known</i> )			
			Column A Debtor 1		Column B Debtor 2 o	or	
7. In	terest, dividends, and royalties		\$	0.00	\$	0.00	
	nemployment compensation		\$	0.00	. <u></u>	0.00	
Do So	onot enter the amount if you contend that the amount received was a benefit ocial Security Act. Instead, list it here:	under the					
	For you\$	.00					
		.00					
9. <b>P</b> e	ension or retirement income. Do not include any amount received that was ider the Social Security Act.	a benefit	\$	0.00	\$	0.00	
nc a v	come from all other sources not listed above. Specify the source and are tinclude any benefits received under the Social Security Act or payments received include any benefits received under the Social Security Act or payments received in a separate page and put the total below.	ceived as	\$	0.00	\$	0.00	
			\$	0.00	. \$	0.00	
	Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
	alculate your total average monthly income. Add lines 2 through 10 for sich column. Then add the total for Column A to the total for Column B.  Determine How to Measure Your Deductions from Income	\$	1,968.15	+ \$ _	0.00		1,968.15 tal average
12. <b>C</b> c	opy your total average monthly income from line 11.					\$	1,968.15
13. 0	-						
	You are married and your spouse is filing with you. Fill in 0 below.						
	Fill in the amount of the income listed in line 11, Column B, that was NC such as payment of the spouse's tax liability or the spouse's support of so					of you or	your dependen
	Below, specify the basis for excluding this income and the amount of inco a separate page.	me devote	ed to each pu	urpose. If	necessary, lis	t additiona	adjustments or
	If this adjustment does not apply, enter 0 below.						
		_					
		_ \$					
		- <del>*</del> \$					
	Total	\$	0.0	<u>00</u> c	opy here=>		0.00
14. <b>Y</b>	our current monthly income. Subtract line 13 from line 12.					\$	1,968.15
15. <b>(</b>	Calculate your current monthly income for the year. Follow these steps:						
1	5a. Copy line 14 here⇒					\$	1,968.15
	Multiply line 15a by 12 (the number of months in a year).					x	12

15b. The result is your current monthly income for the year for this part of the form. .....

23,617.80

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Debtor 1 Debtor 2 ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL Case number (if known)

	16a. Fill in the state in which you live.	PR			
	16b. Fill in the number of people in your household.	2			
	16c. Fill in the median family income for your state and			¢	23,228.00
	To find a list of applicable median income amount instructions for this form. This list may also be avail	s, go online using the		Φ_	
7	. How do the lines compare?				
	17a. Line 15b is less than or equal to line 16c. 0 <i>U.S.C.</i> § 1325(b)(3). <b>Go to Part 3.</b> Do NO				termined under 1
	17b. Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 at	ulation of Your Dispo	•		-
Iri	t 3: Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
	Copy your total average monthly income from line 1	1.		\$	1,968.1
		married, your spouse	s not filing with you, and you contend		•
	19a. If the marital adjustment does not apply, fill in 0 or	line 19a.		-\$	0.0
	19b. Subtract line 19a from line 18.			\$_	1,968.15
	Calculate your current monthly income for the year.	Follow these steps:			
	20a. Copy line 19b			\$_	1,968.15
	Multiply by 12 (the number of months in a year).				<b>x</b> 12
	20b. The result is your current monthly income for the year	ar for this part of the fo	orm	\$_	23,617.80
	20c. Copy the median family income for your state and s	ize of household from	ine 16c	\$_	23,228.00
	21. How do the lines compare?			<u> </u>	
	Line 20b is less than line 20c. Unless otherwis is 3 years. Go to Part 4.	se ordered by the court	, on the top of page 1 of this form, check	box 3, The	commitment per
	■ Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	ess otherwise ordered	by the court, on the top of page 1 of this	form, check	k box 4, The
ri	t 4: Sign Below				
	By signing here, under penalty of perjury I declare that the	e information on this s	atement and in any attachments is true	and correct.	
X	( /s/ WILLIAM ORTIZ MEDINA	X	/s/ SARA RACHEL SEPULVEDA		
	WILLIAM ORTIZ MEDINA		SARA RACHEL SEPULVEDA		
	Signature of Debtor 1		Signature of Debtor 2		
	Date December 23, 2015 MM / DD / YYYY		Date December 23, 2015 MM / DD / YYYY		

Fill in this in	formation to identify your case:		
Debtor 1	WILLIAM ORTIZ MEDINA		
Debtor 2 (Spouse, if fili	SARA RACHEL SEPULVEDA		
United States	Bankruptcy Court for the: District of Puerto Rico		
Case number (if known)		☐ Check if this is an amended filing	
Official Form Chapter	122C-2 13 Calculation of Your Disposable Income		12/15

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2 Living 0 Housing

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,092.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 122C-2

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Debtor 1	ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA		
	RACHEL	Case number (if known)	

Peo	ple w	who are under 65 years of age	
	7a.	Out-of-pocket health care allowance per person	\$ 60
	7b.	Number of people who are under 65	× 2
		Subtotal. Multiply line 7a by line 7b.	\$ 120.00 Copy here=> \$ 120.00
		** *	<u> </u>
Peo	ple w	vho are 65 years of age or older	
	7d.	Out-of-pocket health care allowance per person	\$144_
	7e.	Number of people who are 65 or older	X0
	7f.	Subtotal. Multiply line 7d by line 7e.	\$ \$ Copy here=> \$ 0.00
	7g.	Total. Add line 7c and line 7f	\$\$ Copy total here=> \$120.00
E H	lousi lousi insw ructio Hou	ons for this form. This chart may also be available	Program chart. To find the chart, go online using the link specified in the separar at the bankruptcy clerk's office.  ses: Using the number of people you entered in line 5, fill in
9.	Hou	using and utilities - Mortgage or rent expenses:	
	9a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses.	\$
	9b.	Total average monthly payment for all mortgages and	other debts secured by your home.
		To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 n bankruptcy. Next divide by 60.	
		Name of the creditor	Average monthly payment
		BANCO POPULAR DE PUERTO RICO	\$\$645.00
		9b. Total average monthly payme	nt \$645.00   Copy here=> -\$645.00   Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.	
		Subtract line 9b (total average monthly paymen) fro rent expense). If this number is less than \$0, enter \$	
10.	calc	<b>ou claim</b> that the U.S. Trustee Program's <b>division of</b> culation of your monthly expenses, fill in any additional applain why:	•

#### Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Page 48 of 60

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA

Debtor 1 Debtor 2 **RACHEL** Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating 0.00 expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Copy amount on Total Average Monthly Payment \$ 0.00 Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if the numbert is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 **Describe Vehicle 2:** 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this here amount on line Total Average Monthly Payment 0.00 => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 185.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim 0.00 more than the IRS Local Standard for Public Transportation.

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Debtor 1 Debtor 2 PACHEL Case number (if known)

Other Necessary Exper	ses In addition to the expense the following IRS categor		listed above, yo	ou are allowed your monthly expenses for		
self-employment tax pay for these taxes. that number from the		icare taxes. \ a tax refund,	ou may includ you must divide	cal taxes, such as income taxes, e the monthly amount withheld from your e the expected refund by 12 and subtract	\$	185.13
17. <b>Involuntary deduc</b> union dues, and uni		eductions that	t your job requi	res, such as retirement contributions,		
Do not include amou	ints that are not required by your j	ob, such as v	oluntary 401(k)	) contributions or payroll savings.	\$	145.16
together, include pay Do not include prem	<b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.					
	ments: The total monthly amount ousal or child support payments.	that you pay	as required by	the order of a court or administrative		
Do not include payr	nents on past due obligations for	spousal or c	hild support. Y	ou will list these obligations in line 35.	\$	0.00
20. <b>Education:</b> The total as a condition for	al monthly amount that you pay for your job, or	education th	at is either requ	uired:		
for your physical	y or mentally challenged depende	nt child if no p	oublic educatio	n is available for similar services.	\$	0.00
	I monthly amount that you pay for ents for any elementary or second			ng, daycare, nursery, and preschool.	\$	0.00
required for the heal savings account. In		endents and the to	hat is not reimb tal entered in l		\$	0.00
you and your depend service, to the exten is not reimbursed by Do not include payr	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					
24. Add all of the expe	nses allowed under the IRS ex	pense allowa	ances.		\$	2,890.29
Additional Expense Dec		al deductions	allowed by the	Means Test.		
	Note: Do not includ	e any expens	e allowances li	sted in lines 6-24.		
				es. The monthly expenses for health ecessary for yourself, your spouse, or you	ır	
Health insurance		\$	0.00			
Disability insurance		\$	0.00			
Health savings acco	unt	+ \$	0.00	٦		
Total		\$	0.00	Copy total here=>	\$	0.00
	nd this total amount?					
_	ch do you actually spend?	¢				
26. Continued contrib continue to pay for the	ne reasonable and necessary care	and support unable to pa	of an elderly, or y for such expe	actual monthly expenses that you will chronically ill, or disabled member of your enses. These expenses may include	\$	0.00
	family violence. The reasonably under the Family Violence Preven			es that you incur to maintain the safety of er federal laws that apply.		
By law, the court mu	st keep the nature of these expen	ses confiden	tial.		\$	0.00

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Debtor 1 Debtor 2 PACHEL Case number (if known)

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA

Case number (if known)

	Additional home energy costs. Your home allowance on line 8.	energy costs are included in your non-mortgag	ge housing and utilities			
	If you believe that you have home energy costhen fill in the excess amount of home energy	s that are more than the home energy costs incocosts.	cluded in expenses on I	ine 8,		
	You must give your case trustee documental claimed is reasonable and necessary.	on of your actual expenses, and you must shov	v that the additional am	ount	\$_	0.00
29.		en who are younger than 18. The monthly exert children who are younger than 18 years				
	You must give your case trustee documental reasonable and necessary and not already as	on of your actual expenses, and you must explace counted for in lines 6-23.	ain why the amount clai	med is		
	* Subject to adjustment on 4/01/16, and ever	3 years after that for cases begun on or after t	the date of adjustment.		\$_	0.00
30.		e monthly amount by which your actual food an nces in the IRS National Standards. That amo National Standards.			f	
	To find a chart showing the maximum additional this form. This chart may also be available at	nal allowance, go online using the link specified the bankruptcy clerk's office.	d in the separate instruc	tions for		
	You must show that the additional amount cl	imed is reasonable and necessary.			\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable organ	amount that you will continue to contribute in th zation. 11 U.S.C. § 548(d)3 and (4).	e form of cash or financ	cial		
	Do not include any amount more than 15%	of your gross monthly income.			\$_	0.00
32.	Add all of the additional expense deduction Add lines 25 through 31.	ons			\$_	0.00
Ded	uctions for Debt Payment					
		n property that you own, including home m	ortgages, vehicle loa	ns,		
	and other secured debt, fill in lines 33a the	ough 33e. i, add all amounts that are contractually due to	each secured creditor i	<b>.</b>		
	he 60 months after you file for bankruptcy. The		cacin accured creditor in			
		en divide by 60.				
	Mortgages on your home	en divide by 60.			Avera	nge monthly ent
33a.		en divide by 60.		=>		
33a.		,		=>	paym	ent
33a. 33b.	Copy line 9b here  Loans on your first two vehicles				paym	ent
	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here			=>	paym	645.00
33b.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here			=>	\$\$	645.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here			=> ment	\$\$	645.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts se of each creditor for other secured debt	Identify property that secures the debt	Does payr include tay or insuran	=> ment	\$\$	645.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts		Does payr include tay or insuran	=> ment	\$\$	645.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts are of each creditor for other secured debt	Identify property that secures the debt  ERISA SAVINGS PLAN PERSONAL	Does payrinclude tay or insuran	=> ment	\$ \$ \$	645.00 0.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts are of each creditor for other secured debt	Identify property that secures the debt  ERISA SAVINGS PLAN PERSONAL	Does payrinclude tay or insurantee No	=> ment	\$\$ \$\$	645.00 0.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts are of each creditor for other secured debt	Identify property that secures the debt  ERISA SAVINGS PLAN PERSONAL	Does payrinclude tay or insuran	=> ment	\$ \$ \$	645.00 0.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts are of each creditor for other secured debt	Identify property that secures the debt  ERISA SAVINGS PLAN PERSONAL	Does payrinclude tay or insurantee No	=> ment	\$\$ \$\$	645.00 0.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts are of each creditor for other secured debt	Identify property that secures the debt  ERISA SAVINGS PLAN PERSONAL	Does payrinclude tay or insurant No Yes No Yes	=> => ment tes ce?	\$\$ \$\$	645.00 0.00 0.00
33b. 33c. 33d.	Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts are of each creditor for other secured debt	Identify property that secures the debt  ERISA SAVINGS PLAN PERSONAL	Does payrinclude tay or insurant No Yes No Yes No No	=> => ment tes ce?	\$ \$ \$	645.00 0.00 0.00

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■ No. Go to line	essary for your sup	port or the support			or			
_	amount that you must keep possession of y							
☐ Yes. State any	keep possession of y							
	i iii iiie iiiioiiiialioii bei							
Name of the creditor	Id	dentify property that s	ecures the del	ot	Total cure amount		Monthly co	ıre
-NONE-				\$		÷ 60 = \$		
				Total	<b>.</b> 0	Copy total	•	0.0
				TOLAI	<u></u>	here	=> <sup>⊅</sup>	0.0
5. Do you owe any p					ıt			
are past due as of	the filing date of you	ur bankruptcy case	? 11 U.S.C. §	507.				
■ No. Go to line	e 36.							
	total amount of all of		. Do not includ	de current or ong	going			
priority cl	aims, such as those y	ou listed in line 19.						
Total ar	nount of all past-due p	oriority claims			\$0.	<b>00</b> ÷ 60	\$	0.0
6. Projected monthly	Chapter 13 plan pay	/ment			\$			
Current multiplier fo	or your district as state	ed on the list issued b	ov the Adminis	strative				
Office of the United	States Courts (for dis	stricts in Alabama an	d North Carol	ina) or by the	.,			
	United States Trustee multipliers that includes				X			
	or this form. This list ma							
						Copy to		
Average monthly ad	ministrative expense				\$	here=>	\$	
7. Add all of the ded	luctions for debt pay	yment.					\$	732.19
Add lines 33e thro	ugh 36.							
otal Deductions from	Income							
8. Add all of the allow	ved deductions.							
Copy line 24, All or expense allowance	the expenses allowed es	d under IRS	\$	2,890.29	<u>.</u>			
Copy line 32, All or	the additional expens	se deductions	\$	0.00	<u> </u>			
Copy line 37, All or	the deductions for de	ebt payment		732.19	<u>-</u>			
حالت المام			\$	3,622.48	Copy total her		\$	3,622.4

### Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 52 of 60

ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA Debtor 1 Debtor 2 **RACHEL** Case number (if known) Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 1,968.15 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be 0.00 expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 0.00 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here 3,622.48 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Copy 0.00 0.00 **Total** Сору 3,622.48 3,622.48 here=> -\$ 44. Total adjustments. Add lines 40 through 43 -1,654.33 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Reason for change Date of change Increase or Line Amount of change decrease? ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ■ 122C-2 ☐ Decrease

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Debtor 1 Debtor 2	ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL	_	Case number (if known)
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare that the information	on on	this statement and in any attachments is true and correct.
X	/s/ WILLIAM ORTIZ MEDINA	Χ	/s/ SARA RACHEL SEPULVEDA
	WILLIAM ORTIZ MEDINA Signature of Debtor 1		SARA RACHEL SEPULVEDA Signature of Debtor 2
Date	December 23, 2015	Date	December 23, 2015
	MM/DD/YYYY		MM / DD / YYYY

Certificate Number: 02645-PR-CC-026634867



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>December 7, 2015</u>, at <u>12:55</u> o'clock <u>PM EST</u>, <u>William Ortiz Medina</u> received from <u>123 Credit Counselors</u>, <u>Inc</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Puerto Rico</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 7, 2015 By: /s/Mildred Jimenez

Name: Mildred Jimenez

Title: Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 02645-PR-CC-026636352



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>December 7, 2015</u>, at <u>2:59</u> o'clock <u>PM EST</u>, <u>Sara R Sepulveda Vera</u> received from <u>123 Credit Counselors</u>, <u>Inc</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Puerto Rico</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 7, 2015 By: /s/Cary Hernandez

Name: <u>Cary Hernandez</u>

Title: Certified Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:15-10246-MCF13 Doc#:1 Filed:12/24/15 Entered:12/24/15 15:14:05 Desc: Main Document Page 60 of 60

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### United States Bankruptcy Court District of Puerto Rico

In	re ORTIZ MEDINA, WILLIAM & SEPULVEDA, SARA RACHEL	Ca	se No.	
	Debto	or(s) Ch	apter 13	
	DISCLOSURE OF COMPENSATION	OF ATTORNEY F	OR DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the petition be rendered on behalf of the debtor(s) in contemplation of or in connection	in bankruptcy, or agreed to	be paid to me, for se	
	For legal services, I have agreed to accept	\$	3,000.00	<u>)</u>
	Prior to the filing of this statement I have received	\$	1,000.00	<u>)</u>
	Balance Due		2,000.00	<u>)</u>
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensation with any firm.	y other person unless they	are members and asso	ociates of my law
	☐ I have agreed to share the above-disclosed compensation with a persocopy of the agreement, together with a list of the names of the people			s of my law firm. A
5.	In return for the above-disclosed fee, I have agreed to render legal service	e for all aspects of the ban	kruptcy case, includin	ıg:
	a. [Other provisions as needed]  The fee agreement between THE BATISTA LAW GROUS standard rate of \$225.00 per hour for services perform attorneys will be charged at the rate of \$125.00, and maccountant at the rate of \$75.00 per hour. Expenses we by THE BATISTA LAW GROUP, PSC. and undersigned the Agreement provides that a flat fee of \$3,000.00 will performed exceeds \$3,000.00 a fee application will be fee fo \$3,000.00 will be accepted for services rendered.	ned by Jesus E. Batista latters attended by par vill be charged at their I counsel has not been I be used in combination submitted to the Cour	. Matters attended alegal staff and/or cost/price. The fed paid any of these on with the hourly t for approval, othe	d by associate in-house es were collected fees. In addition, basis. If work
6.	By agreement with the debtor(s), the above-disclosed fee does not includ  This agreement is limited to Bankruptcy work up performed Services post confirmation of the case will be billed at the this agreement does not include any work in local state than the bankruptcy court.	ormed up to confirmati the rates referenced in	Section 6(d) above	e. In addition,
	CERTIFICAT	TION		
this	I certify that the foregoing is a complete statement of any agreement or a bankruptcy proceeding.	rrangement for payment to	me for representation	n of the debtor(s) in
	December 23, 2015 /s/ Je	sus E. Batista Sanche	<u>.</u>	
_	Date Jesus	E. Batista Sanchez		
		ure of Attorney		
	The E	Batista Law Group		
		ve Ponce de Leon		
		luan, PR 00918-3416		
		620-2856 Fax: (787) 6		
		.batista@batistalawgro	лир.соні	
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